

101

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/857614** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1	/					51	/		
2	/						52	/		
3		/					53	/		
4	/						54	/		
5	/						55	/		
6	/						56	/		
7	/						57			
8	/						58			
9	/						59			
10		/					60			
11		/					61			
12		/					62			
13		/					63			
14		/					64			
15		/					65			
16		/					66			
17		/					67			
18		/					68			
19		/					69			
20		/					70			
21		/					71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26		/					76			
27	/						77			
28	/						78			
29	/						79			
30	/						80			
31		/					81			
32		/					82			
33	/						83			
34		/					84			
35	/						85			
36	/						86			
37	/						87			
38	/						88			
39	/						89			
40	/						90			
41	/						91			
42	/						92			
43	/						93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49		/					99			
50	/						100			
TOTAL IND.							TOTAL IND.	32		
TOTAL DEP.							TOTAL DEP.	24		
TOTAL CLAIMS							TOTAL CLAIMS	56		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS